

## Appendix F: Sample National Nursery Survey Data Collection Form

Observation Number:

SOD			-----	-----
Program	State (2 digit postal code)	Site Number (Nursery Visited: 001 to zzz)	Host Sequence Number (Complete for each HAP inspected.)	Sample Sequence Number (Complete for each sample collected.)

Nursery Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_ or GPS coordinates (latitude/longitude):

Lat: \_\_\_\_\_

Long: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Nursery type: ☐ Dealer ☐ Grower

Trace forward nursery in 2004 or 2005?

☐ Yes ☐ No

If Yes, Positive ☐ 2004 ☐ 2005

Negative ☐ 2004 ☐ 2005

Trace back nursery in 2004 or 2005?

☐ Yes ☐ No

If Yes, Positive ☐ 2004 ☐ 2005

Negative ☐ 2004 ☐ 2005

National, compliance or cleanliness survey nursery in 2004 or 2005?

☐ Yes ☐ No

If Yes, Positive ☐ 2004 ☐ 2005

Negative ☐ 2004 ☐ 2005

Not surveyed in 2004 and 2005: ☐

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Date: \_\_\_\_\_

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Observation Number SOD \_\_\_\_\_ HH SSS

Host Sequence Number	Sample Sequence no. (Enter 00 if no samples collected)	Genus / Species / Variety	Estimated. Number of Plants Inspected	Collection Date: YYYYMMDD	Lab	Result	Date of Lab Report: YYYYMMDD

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Observation Number SOD \_\_\_\_\_ HH SSS

Host Sequence Number	Sample Sequence no. (Enter 00 if no samples collected)	Genus / Species / Variety	Estimated. Number of Plants Inspected	Collection Date: YYYYMMDD	Lab	Result	Date of Lab Report: YYYYMMDD